NAVAJO LAW CENTER BARBER & BORG, LLC PO Box 4690

26 State Highway 264 Yatahey, New Mexico 87375

Yatahey Office: (505) 905-5000/Fax: (505) 905-5001 Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

May 27, 2015
VIA CERTIFIED MAIL

Hon. Sally Jewell, Secretary of the Department of the Interior Department of Interior 1849 C Street, N.W. Washington, D.C. 20240

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Secretary Jewell:

Please see attached Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.

-712

Forrest G. Buffington, Esq. Attorney at Law

FGB/lr



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CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please and carefully the restrictions on the course aide and supply information requested on both self-coll this form. Use additional sheeties it necessary. See revenue side for		oth aids and this	FORM APPROVID OMB NO. 1105-0605	
		idditional instruction	man pada sus a rasmita minima assalabritates retributation typism daring			
1. Submit to Appropriate Federal Agency			2. Naino, address of deliment, a (Sue instructions on reverse)	and claimant's persona Number, Street, City.	ropresentative if any State and Zip code	
Hon. Sally Jewell, Secretary of the Department of the Interior Department of the Interior 1849 C Street, N.W. Washington, D.C. 20240			Vellow and Je	Juliet Dixon, Individually and on behalf of Delian Yellow. Vellow and Jen Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87378		
No. 1	OF BIRTH 8.	MARITAL STATUS	6. DATE AND DAY OF ACCIDE	INT	7. TIME (A.M. QR P.M.)	
MILITARY X CIVILIAN 06/27/		nmarried	01/14/2014		1015 (P.M.)	
B. BABIS OF CLAIM (State in detail the known facts and circumstances alternating the damage. Injury. or death, identifying persons and preporty involved, the piace of occurrence and the cause thereof. Use additional pages if necessary). Juliet Dixon is the mother of Jaron Yellow, deceased. Daryie Yellow, Vermile Yellow and Jet Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Contract) at Mosnoepi Village near Tube City. Ceconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)						
3		PROPERTY	DAMAGE	Printer of the Control of the Contro	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
ME AND ADDRESS OF OWNER, IF OTHER T	HAN CLAIMANT (Nu	ımbar, Street, City, St	ate, and Zip Code).			
Not Applicable						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side). Not Applicable						
10.	P	ERSONAL INJURYA	VRONGELII DEATH			
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM IF OTHER THAN CLAIMANT, STATE THE NAME						
Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mother and minor children of Jaron Yellow.						
11.		WITNE	38E8			
NAME			ADDRESS (Number, Street, Cl	ly. State, and Zip Cod	e)	
Dr. Lawrence Czarnecki Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001						
12, (See instructions on reverse).	***************************************	AMOUNT OF CLA	IM (in dollars)		and the contract of the contra	
28, PROPERTY DAMAGE 126, PERS	ONAL INJURY	120.	WRONGFUL DEATH	12d. TOTAL (Fallure forfeiture of you	to specify may cause ur rights).	
		**¿	5,000,000.00	\$5,000,	000.00	
CERTIFY THAT THE AMOUNT OF CLAIM COVICEL SATISFACTION AND FINAL SETTLEMENT	RS ONLY DAMAGE OF THIS CLAIM.	ES AND INJURIES C	AUSED BY THE INCIDENT ABOVE	AND AGREE TO AC	CEFT SAID AMOUNT IN	
3a. SIGNATURE OF CLAIMANT (See instructions	on reverse side).		13b. PHONE NUMBER OF PER	SON SIGNING FOR	14. DATE OF SIGNATURE	
Sulver Dokon			(505) 905-5000		05115115	
CIVIL PENALTY FOR FRAUDULENT		and the second second second second	CRIMINAL PENAL	CRIMINAL PENALTY FOR PRESENTING FRAUDULENY CLAIM OR MAKING FALSE STATEMENTS		
the cialmant is liable to the United States Government for a civil penalty of not less than 3,000 and not more than \$10,000, plus 3 times the amount of damages sustained the Government (See 31 U.S.C. 3729)			Fine, Imprisonment, or both. (Se			

Case 3:15-cv-08284-DMF Document 1-1 Filed 11/25/15 Page 3 of 26

r <u> </u>						
INSURANCI	COVERAGE					
In order that subrogation claims, may be adjudicated at is cascalcal that this claimant provid	d the following intermation regarding the insurance coverage of the vehicle or property					
15. Do you carry accident Instrance? [] You If you give name and address of moun	runce corepany (Number: Steed: City, State, and Zip Code) and policy number: [1] No					
46 Units you filed it along with your recovery control in this Indiana, and if an in It full con-						
16. Have you filed a claim with your insurance carner in this instance, and if so, is it full cov	refago or deductible? You PNo 17 If doductible, state amount					
18. If a claim has been filled with your carrier, what action has your insurar taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).						
19. Do you carry public liability and property damage insurance? Yes If yes, give n	amo and address of insurance carrier (Number, Street, City, State, and Zip Code).					
INSTRI	JOTIONS					
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	bmitted directly to the "appropriate Federal agency" whose					
Complete all Items - Insert the	e word NONE where applicable.					
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.					
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.	The amount claimed should be substantiated by competent evidence as follows: (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis,					
If instruction is needed in completing this form, the agency listed in item #1 on the reverse a may be contacted. Complete regulations pertaining to claims asserted under the iteral Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is	and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred. (b) In support of claims for damage to property, which has been or can be economically					
involved, please state each agency.	repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed					
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.	(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.					
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.					
	ACT NOTICE					
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached. A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	 B. Principal Purpose: The information requested is to be used in evaluating claims. C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid." 					

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

NAVAJO LAW CENTER BARBER & BORG, LLC PO Box 4690 26 State Highway 264

Yatahey, New Mexico 87375

Yatahey Office: (505) 905-5000/Fax: (505) 905-5001 Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

> May 27, 2015 VIA CERTIFIED MAIL

Hon. John S. Leonardo, U.S. Attorney Two Renaissance Square 40 N. Central Avenue, Suite 1200 Phoenix, AZ 85004-4408

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Mr. Leonardo:

Please see attached Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.

9/2

Forrest G. Buffington, Esq. Attorney at Law

FGB/lr

Case 3:15-cv-08284-DMF Document 1-1 Filed 11/25/15 Page 6 of 26

IN HIDY OD DEATH (cyclop side and supply)		Please coad carefully the eister y information requested on bot wolls) if nocessiting. See revers	h sides of this	FORM APT TOYED OMB NO -1 105-000€		
1. Submit to Appropriate Federal Agenc	.γ.,	\$	2 Namo, address of claimant, or	nd glaimant's person	al representative if any	
Two Renæissance Square 40 N. Corntral Avenue, Suite 1200 Phoenix, AZ 85004-4408			(See instructions on reverse). Number, Street, City. State and Zip code. Juliet Dixon, Individually and on behalf of Date Yellow, Vintal Yellow and Jan Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87375			
lamed County	4. DATE OF BIRTH	B. MARITAL STATUS	8. DATE AND DAY OF ACCIOUS	NT TW	7. TIME (A.M. OR P.M.)	
		Unmarried	01/14/2014		1616 (P.M.)	
8. BABIO OF CLAM (State in detail the known facts and circumstances attending the damage. Injury, or death, identifying persons and proporty involved, the place of occurrence and the cause thereof. Use additional pages if necessary) Juliet Dixon is the mother of Jaron Yellow, deceased. Damie Yellow, Versis Yellow and Mis Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Centract) at Meencopi Village near Tuba City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)						
9	**************************************	PROPERTY DA	MAGE	***************************************		
ME AND ADDRESS OF OWNER, IF	OTHER THAN CLAIMANT	(Number, Street, City, State	, and Zip Code).		The state of the s	
Not Applicable						
BRIEFLY DESCRIBE THE PROPERTY, (See instructions on reverse side).	, NATURE AND EXTENT O	F THE DAMAGE AND THE	LOCATION OF WHERE THE PRO	PERTY MAY BE IN	SPECTEO.	
Not Applicable		ek da wak	,	t to see .		
10. PERSONAL INJURY/WRONGFUL DEATH						
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Case 3:15-cv-08284-DMF Document 1-1 Filed 11/25/15 Page 7 of 26

INSURANCE COVERAGE.							
In order that strogation claims may be adjudicated, it is essential that the claimant provide							
15. Do you carry accident Insurance? Yes If yes, give name and address of insurance company (Number Street City State and Zip Code) and policy number [1] No							
16. Have you lied a claim with your insurance carrier in this instance, and if so, is it full cov	erago er doductible? Yes No 17 if deductible, state amount						
	NOT APPLICABLE						
18. If a glairm has been filed with your carrier, what action has your insurer taken or propose	od to take with reference to your claim? (It is necessary that you ascertain these facts).						
NOT APPLICABLE							
19. Do you carry public liability and property damage insurance? Yes If yes, give n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).						
INSTRU	ICTIONS						
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.							
Complete all items - Insert the	word NONE where applicable.						
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>BUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.						
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim	The amount claimed should be substantiated by competent evidence as follows:						
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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.	(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.						
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s.c. canavara.com/com/com/com/com/com/com/com/com/com/	ACT NOTICE						
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached. A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	 B. Principal Purpose: The information requested is to be used in evaluating claims. C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid." 						

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NAVAJO LAW CENTER BARBER & BORG, LLC PO Box 4690 26 State Highway 264

Yatahey, New Mexico 87375

Yatahey Office: (505) 905-5000/Fax: (505) 905-5001 Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

> May 27, 2015 VIA CERTIFIED MAIL

Hon. Bryan Bowler, Regional Director Western Regional Office, Bureau of Indian Affairs 2600 N. Central Avenue, 4th Floor Mailroom Phoenix, AZ 85004

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Mr. Bowler:

Please see attached an Amended Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.

200

Forrest G. Buffington, Esq. Attorney at Law

FGB/lr

Case 3:15-cv-08284-DMF Document 1-1 Filed 11/25/15 Page 10 of 26

INJURY, OR DEATH (dyelses)		form Use addit			FORM APPROVED UMB NO - 1 105 0000	
1. Submit to Appropriate Federal Agency			2 Name, address of claimant, as			
Western Regional Office, Bureau of Indian Affairs 2600 N. Central Avenue, 4th Floor Mailroom			(See instructions on reverse). Number, Street, City, State and Zip code. Juliet Dixon, Individually and on behalf of Define Yellow, Verific Yellow and Jeff Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87375			
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	O. MARITAL STAT	UB	6. DATE AND DAY OF ACCIDE	NT	7 TIME (A.M. OR F.M.)
MILITARY X CIVILIAN	09/27/1987	Unmarried		01/14/2014		1615 (P.M.)
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MEAND ADDRESS OF OWNER. IF Not Applicable	ME AND ADDRESS OF SYNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side). Not Applicable						
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11.		W	TNESS	28		
NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS (Number, Street, Off	y, State, and Zip Co	de)
Dr. Lawrence Czarnecki Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 88001					lagstaff, AZ 86001	
12. (See instructions on reverse).		AMQUNT O	FCLAIM	(in dollars)	7F7. 17. 16.14F 455-44	A The Commence of the Control of the
12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12o. WE		RONGFUL DEATH	forfeiture of ye			
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138. SIGNATURE OF CLAIMANT (See)	nstructions on reverse side			19b. PHONE NUMBER OF PER	SON SIGNING FOR	M 14. DATE OF SIGNATURE
Julia Boxon	N			(505) 905-5000		05 5 5
	ALTY FOR PRESENTING UDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING PRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
	The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages systained			Fine, imprisonment, or both. (Se	a 18 U.S.C. 287, 10	01.)

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95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

	ECOVERAGE
In order that subregation claims may be adjudicated at is assertial that the carestant provide	to the following adormator rounding the insurance coverage of the vehicles or morants
	rance company (Number Street, City, State, and Zip Code) and policy number [2] No
16. Have you fied a claim with your insurance carrier in this instance, and if so, is it full co	varago ar deductible? Yes No 17. If deductible, state amount
18 If a plains has been slied with week	NOTAPPLICABLE
18. If a claim his been filed with your carder, what action has your inquirar taken or propose NOT APPLICABLE	ed to take with reference to your claim? (It is necessary that you ascertain these facts).
19. Do you carry public liability and property damage insurance? Yes If yes, give n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).
)	
INSTR	JCTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	bmitted directly to the "appropriate Federal agency" whose more than one claimant, each claimant should submit a separate
Complete all Items - Insert the	word NONE where applicable.
'A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.	The amount claimed should be substantiated by competent evidence as follows: (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the
If instruction is needed in completing this form, the agency listed in item #1 on the reverse de may be contacted. Complete regulations pertaining to claims asserted under the	nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
Jederal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.	(c) In support of ctaims for damage to property which is not economically repairable, or if the property is lost or destroyed, the ctaimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
PRIVACY A	ACT NOTICE
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 652a(e)(3), and concerns the information requested in the letter to which this Notice is attached. A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	 B. Principal Purpose: The information requested is to be used in evaluating claims. C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. Effect of Fallure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your daim "Invalid."
	JCTION ACT NOTICE
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Publ response, including the time for reviewing instructions, searching existing data sources, gat information. Send comments regarding this burden estimate or any other aspect of this col Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, V form(s) to these addresses.	thering and maintaining the data needed, and completing and reviewing the calledian of

STANDARD FORM 95 REV. (2/2007) BACK

NAVAJO LAW CENTER Barber & Borg, LLC PO Box 4690 26 State Highway 264

Yatahey, New Mexico 87375 Yatahey Office: (505) 905-5000/Pax: (505) 905-5001 Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

> May 27, 2015 VIA CERTIFIED MAIL

Hon. Loretta Lynch, U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, D.C. 20530-0001

> RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Attorney General Lynch:

Please see attached Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.

Forrest G. Buffington, Esq.

Attorney at Law

FGB/lr

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IN HIPV OR DEATH Revense side and sup		CORM APP/ROVED objection in necessary Sea reverse side for				
Submit to Appropriate Federal Agency	unditional motification	2 Name address of claimant or	nd digimant's personal representative it any			
Hon. Loretta Lynch, U.S. Attorney Gene U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001	əral	Juliet Dixon, Individuall Vellow and Jet o'o BARBER & BORG,	(8do instructions on reverse). Number, Street, City, State and Zip code. Juliet Dixon, Individually and on behalf of Della Yellow, Vellow and Jee Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87376			
3. TYPU OF EMPLOYMENT 4. BATE OF BIL	TH B. MARITAL STATUS	9. DATE AND DAY OF ACCIDE	T TIME (AM. OR P.M.)			
MILITARY X QIVILIAN 06/27/1987		01/14/2014	1615 (P.M.)			
BASING IF CLAIM (Siglis in detail the known tack and circumstances attending the damage, injury, or death, identifying persons and groparty involved, the place of occurrence and the cause the miner children of Jaron Yellow, deceased. David Yellow, Verific Yellow and Jaron Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Centract) at Meencopi Village near Tuba City. Coconine County, Arizona. He was scutely intoxicated at a level which required medical intervention. (continue on attached document)						
9	PROPERTY	DAMAGE				
ME AND ADDRESS OF OWNER, IF OTHER THAN	CLAIMANT (Number, Street, City, St	ate, and Zip Code).	the second state of the second			
Not Applicable						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). Not Applicable						
10, PERBONAL INJURYWRONGFUL DEATH						
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM, IF OTHER THAN CLAIMANT, STATE THE NAME						
OF THE INJURED PERSON OR DECEDENT. Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mether and minor children of Jaron Yellow.						
11,	WITNE	38E8	a marie e a ref Sur rem a marie e france, se summa n. a. meterne e se se herefit à marie des des des des de Africandà			
NAME		ADDRESS (Number, Street, City	y, State, and Zip Code)			
Dr. Lawrence Czarnecki Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001						
12, (See Instructions on reverse).	AMOUNT OF CLA	AIM (in dollars)				
12a, PROPERTY DAMAGE 12b. PERSONAL						
4		WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).			
		CONTRACT Medical Contract and security and s				
GERTIFY THAT THE AMOUNT OF CLAIM GOVERS OF THE SATISFACTION AND FINAL SETTLEMENT OF T	MLY DAMAGES AND INJURIES C	5,000,000.00	forfeiture of your rights). # 5,000,000.00			
GERTIFY THAT THE AMOUNT OF CLAIM GOVERS OF THE SATISFACTION AND FINAL SETTLEMENT OF THE SATISFACTION OF TH	INLY DAMAGES AND INJURIES CHIS CLAIM,	5,600,000.00	forfeiture of your rights). # 5,000,000.00			
FULL SATISFACTION AND FINAL SETTLEMENT OF T	INLY DAMAGES AND INJURIES CHIS CLAIM,	5,600,000.00	forfeiture of your rights). # 5,000,000.00 AND AGREE TO ACCEPT SAID AMOUNT IN			
FULL BATIBFACTION AND FINAL BETTLEMENT OF T 138, SIGNATURE OF CLAIMANT (889 Instructions on re	INLY DAMAGES AND INJURIES CHIS CLAIM, EVERSO SIDO). SENTING	5,600,000.00 AUSED BY THE INCIDENT ABOVE 135. PHONE NUMBER OF PER (508) 905-5000 GRIMINAL PENAL	forfeiture of your rights). # 5,000,000.00 AND AGREE TO ACCEPT SAID AMOUNT IN			

INSURANCE	ECOVI RACIE			
In order that subrogation claims may be adjudicated, it is essential that the claimant provid	a the fellowing advantation regulating the material	ica coverage of the vehicle or property		
16. Do you carry accident insurance? [] You If you give name and address of insur	ranco company (Number Streat City, Stata, and	1 Zip Code) and policy number [.] No		
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full covered to the contract of the	varaga or doduciblo? Yes No	17. If doductible, state amount.		
		NUT APPLICABLE		
18. If a claim has been filed with your carrier, what action has your insurer taken or propos	od to tako with reference to your claim? (It is ne	cessary that you ascertain those facts).		
NUT APPLICABLE				
19. Do you carry public liability and property damage insurance? Yes If yes, give n	ame and address of insurance carrier (Number,	Street, City, State, and Zip Code).		
INOTOL	JOTIONS			
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	bmitted directly to the "appropriate	e Federal agency" whose mant should submit a separate		
Complete all Items - Insert the	word NONE where applicable.			
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY INJURY, OR DEATH ALLEGED TO HAVE OC THE CLAIM MUST BE PRESENTED TO THE <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES	CURRED BY REASON OF THE INCIDENT. APPROPRIATE FEDERAL AGENCY WITHIN		
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.	The amount claimed should be substantiated by competent evidence as follows: (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extant of the injury, the			
If instruction is needed in completing this form, the agency listed in item #1 on the reverse each period in the contacted. Complete regulations pertaining to claims asserted under the	nature and extent of treatment, the degree of and the period of hospitalization, or incapacit hospital, or burial expenses actually incurred	permanent disability, if any, the prognosis, ation, attaching itemized bills for medical,		
Ideral Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(b) In support of claims for damage to properepaired, the claimant should submit at least by reliable, disinterested concerns, or, if payr	two itemized signed statements or estimates		
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative	receipts evidencing payment. (c) In support of claims for damage to proper			
must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.	the property is lost or destroyed, the claiman cost of the property, the date of purchase, an after the accident. Such statements should to preferably reputable dealers or officials famili two or more competitive bidders, and should	d the value of the property, both before and the by disinterested competent persons, ar with the type of property damaged, or by		
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Fallure to specify a sum certain will reforfeiture of your rights.	nder your claim invalid and may result in		
	ACT NOTICE			
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached. A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	Principal Purpose: The information reque Routine Use: See the Notices of System submitting this form for this information. Effect of Failure to Respond: Disclosure requested information or to execute the fi	s of Records for the agency to whom you are is voluntary. However, failure to supply the		

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NAVAJO LAW CENTER BARBER & BORG, LLC PO Box 4690 26 State Highway 264 Yatahey, New Mexico 87375

Yatahey Office: (\$05) 905-5000/Fax: (\$05) 905-5001 Albuquerque Office: (\$05) 884-0004/Fax: (\$05) 884-0077

> May 27, 2015 VIA CERTIFIED MAIL

Hon. Wendell Honanie, Superintendent Hopi Agency, Bureau of Indian Affairs P.O. Box 158 Keams Canyon, AZ 86034

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Mr. Honanie:

Please see attached an Amended Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.

577

Forrest G. Buffington, Esq. Attorney at Law

FGB/lr

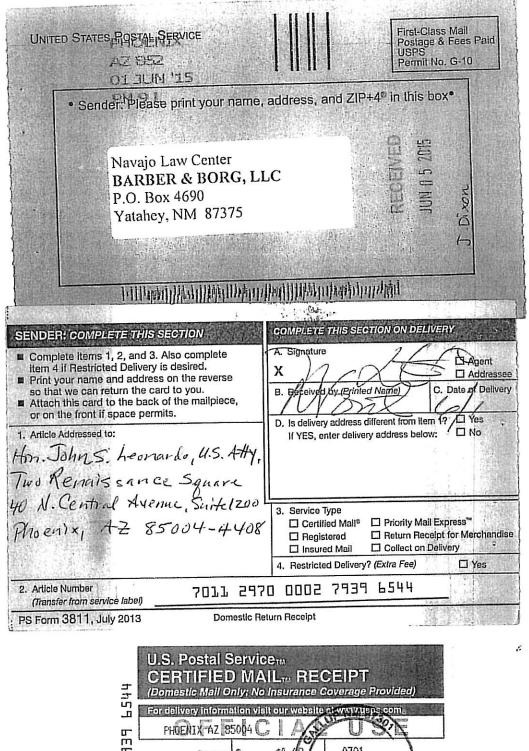
				-			
IN HIDY OD DEATH reverse side and supply		by information requested on both aides of this OMB NO - 1106-000 heelts) if recovering. See revenue aide for		FORM APPROVED OMB NO 1106-0006			
1. Submit to Appropriate Federal Agency:			2 Name address of claimant, and claimant's personal representative if any				
Hon. Wendell Honanie, Superintendent Hopi Agency, Bureau of Indian Affairs P.O. Box 158 Keams Canyon, AZ 86034			(900 instructions on roverse). Number, Street, City, State and Zip code Juliet Dixon, Individually and on behalf of Dulle Yellow, Vente Yellow and Jet Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87376				
3. TYPE OP EMPLOYMENT	4. DATE OF BIRTH	8. MÁRITAL STATI	J8	O DATE AND DAY OF ACCIDE	NT	7. TIME (A.M. OR P.M.)	
MILITARY X CIVILIAN	06/27/1987	Unmarried		01/14/2014		1615 (P.M.)	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and properly involved, the place of occurrence and the cause thereof. Use additional pages if necessary).							
Jaron Yellow. Juliet Dixon h Yellow was arrested by polic Coconino County, Arizona.	Juliet Dixon is the mother of Jaron Yellow, deceased. Define Yellow, Ventile Yellow and Jef Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affaire (or under 638 Contract) at Moencopi Village near Tube City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)						
3		PROPE	RTY DA	MAGE	THE STATE OF THE 	THE PARTY OF THE P	
MEAND ADDRESS OF OWNER, IF	OTHER THAN CLAIMANT					- the income	
Not Applicable				•			
BRIEFLY DESCRIBE THE PROPERTY	NATURE AND EXTENT O	E THE DAMAGE AN	ID THE	OCATION OF WHERE THE BO	SPERTY MAY BE IN	IGDECTED	
(See Instruptions on reverse side).		THE WATER COLOR	,,,,,	COOKION OF WARRE THE PRO	orenti nen een	oragias.	
Not Applicable					\$150.500mm;		
10. PERSONAL INJURYWRONGFUL DEATH							
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.							
Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mother and minor children of Jaron Yellow.							
11.		WIT	TNESSE	8			
NAME		· · · · · · · · · · · · · · · · · · ·	····	ADDRESS (Number, Street, Cit	v. State, and Zip Coo	de)	
Dr. Lawrence Cze	ernocki	Office of N	Madia				
Dr. Lawrence Czarnecki Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001							
12, (See instructions on reverse),		AMOUNT OF	CLAIM	(in dollars)		**************************************	
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY		12c. WR	ONGFUL DEATH	12d. TOTAL (Fallur forfeiture of yo	e to specify may cause our rights).	
			155	000,000.00	\$5,000	0,000.00	
I CERTIFY THAT THE AMOUNT OF CL FULL SATISFACTION AND FINAL SET	AIM COVERS ONLY DAM TLEMENT OF THIS CLAIR	AGES AND INJURIE	ES CAU	BED BY THE INCIDENT ABOVE			
138. ŞIGNATURE OF CLAIMANT (See I	natructions on reverse side)).		13b. PHONE NUMBER OF PER	SON SIGNING FOR	M 14. DATE OF SIGNATURE	
Julier Dr	rim			(505) 905-5000	vi um kili summer vi mili kili mili mili mili mili mili mil	05/15/15	
	ALTY FOR PRESENTING LUDULENT CLAIM				TY FOR PRESENT MAKING FALSE ST		
The claimant is liable to the United States Government for a civil penalty of not less than \$,000 and not more than \$10,000, plus 3 times the amount of damages sustained y the Government. (See 31 U.S.C. 3729).				Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

Case 3:15-cv-08284-DMF Document 1-1 Filed 11/25/15 Page 19 of 26

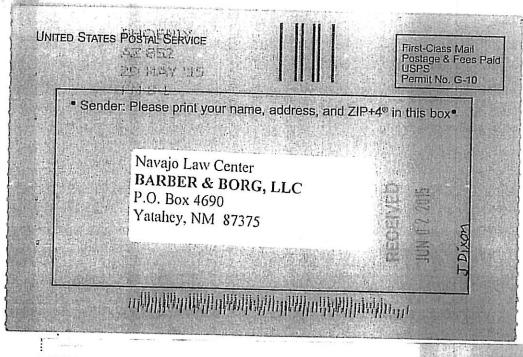
IN: URANG	E COVERAGE	
In order that publicgation claims may be adjudicated, it is executed that it excurrent provides	10 that following information regarding the insural	o'e coverage of the vehicle or property
	irance company (Number Street City State an	
16. Have you filed a claim with your insurance carner in this instance, and if so, is it full co	verage or doductible? Yes VNo	17 If deductible, state amount
		A /
		NUT APPLICABLE
18. If a claim has been filed with your carrier, what action has your insurer taken or proper	ed to take with reference to your claim? (it is no	cessary that you ascertain these facts).
104		
NOT APPLICABLE		
19. Do you carry public liability and property damage insurance? Yes If yes, give n	ame and address of Insurance carrier (Number,	Street, City, State, and Zip Code).
(Maga)	JGTIONS	
Claims presented under the Federal Tort Claims Act should be su		Fodomi overesilit.
employee(s) was involved in the incident. If the incident involves	more than one claimant, each clair	nant should aubmit a separata
claim form.		
Complete all Items - Insert the	word NONE where applicable.	
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A PEDERAL	DAMAGES IN A SUM CERTAIN FOR INJURY	TO OR LOSS OF PROPERTY, PERSONAL
AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 85 OR OTHER WRITTEN	INJURY, OR DEATH ALLEGED TO HAVE OC THE CLAIM MUST BE PRESENTED TO THE	CURRED BY REASON OF THE INCIDENT
NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	TWO YEARS AFTER THE CLAIM ACCRUES.	
Fallure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim	The amount claimed should be substantiated	by competent evidence as follows:
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f instruction is needed in completing this form, the agency listed in item #1 on the reverse tipe may be contacted. Complete regulations pertaining to claims asserted under the	hospital, or burial expenses actually incurred.	avon, attaching itemized bills for medical,
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he calm may be filled by a duly authorized agent or other legal representative, provided	by reliable, disinterested concerns, or, if paymeceipts evidencing payment.	ient has been made, the itemized signed
vidence satisfactory to the Government is submitted with the claim establishing express.		1777
uthority to act for the claimant. A claim presented by an agent or legal representative nust be presented in the name of the claimant. If the claim is signed by the agent or	(c) In support of claims for damage to proper the property is lost or destroyed, the claiment	should submit statements as to the original
agal representative, it must show the title or legal capacity of the person signing and be companied by evidence of his/her authority to present a claim on behalf of the claimant	cost of the property, the date of purchase, and after the accident. Such statements should be	by disinterested competent persons
s agent, executor, administrator, parent, guardian or other representative.	preferably reputable dealers or officials familia two or more competitive bidders, and should t	ar with the type of property damaged, or by
claimant intends to file for both personal injury and properly damage, the amount for		
ach must be shown in item number 12 of this form.	(d) Fallure to specify a sum certain will re- forfeiture of your rights.	ider your claim invalid and may result in
PRIVACY A		
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A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 U.S.C. 2672.	C. Routing Use: See the Notices of Systems submitting this form for this information.	
Part 14.	 Effect of Fallure to Respond: Disclosure is requested information or to execute the formation. 	s voluntary. However, fallure to supply the rm may render your claim "invalid."
PAPERWORK REDL	ICTION ACT NOTICE	

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SENDER: COMPLE Complete Items 1; item 4 if Restricted Print your name a so that we can ret Attach this card to or on the front if s	lease print your name vajo Law Center RBER & BORG, L D. Box 4690 tahey, NM 87375	LC	4 [®] in this box	-Dixord
SENDER: COMPLE Complete Items 1: item 4 if Restricted Print your name as so that we can ret Attach this card to or on the front if s	RBER & BORG, L D. Box 4690 tahey, NM 87375			Dixort.
SENDER: COMPLE Complete Items 1: item 4 if Restricted Print your name a so that we can ret Attach this card to or on the front if s	<u> կլնոկիրիրի</u> ների Տար			5
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■ Complete Items 1: item 4 if Restrictee ■ Print your name a so that we can ret ■ Attach this card to or on the front if s 1. Article Addressed to:	TE THIS SECTION	COMPLETE THE	SECTION ON DEL	
CARROLL STATE OF THE STATE OF T	2, and 3. Also complete d. Delivery is desired. Ind address on the reverse urn the card to you. In the back of the mailpiece, pace permits.	A. Signature D. Begeived by (P.	ain	☐ Agent ☐ Addre C. Date of Deli
How Silly Je, the Dept. of IV Dept. of IV 1849 C. St	vell, Secretary or of the Interior, thriar reet, N.W.	3. Service Type	elivery address belov	
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EXHIBIT	- Hon. Sally To.	vell Sceretary	of the Dept	J.





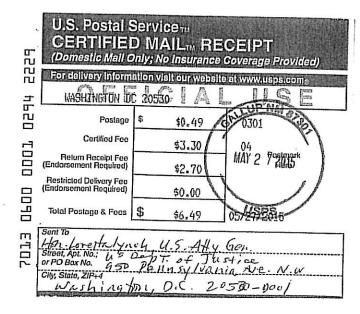


SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. 1s delivery address different from item 17. Yes
Hon. Bryan Bowler, Regional	If YES, enter delivery address below: □ No
Western Regional Office, B.TA. 2600 N. Contral AVE. 4th Floor Mailroom Phuenix, AZ 85004	3. Service Type □ Certified Mail [©] □ Priority Mail Express [™] □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 0600	0001 0294 2236
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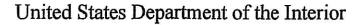


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1. Article Addressed to: Hon Lare Ha Lynch, U.S. Atty Ger, U.S. Department of Justice 950 Pennsylvania Avenue	If YES, enter delivery andreck below: No		
Institution, D.C.	3. Service Type ☐ Certified Mail® ☐ Priority Mall Express® ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery		
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UNITED STATES POSTAL SERVICE AZ SSZ SO MAY 15
• Sender: Please print your name, address, and ZIP+4° in this box•
Navajo Law Center BARBER & BORG, LLC P.O. Box 4690 Yatahey, NM 87375
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY
© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. © Print your name and address on the reverse so that we can return the card to you. © Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Hon we ndell Horanic, Superinferial Priority Mall Express* 3. Service Type □ Gertified Mail® □ Priority Mall Express*
P.O. Box 138 Keams, Canyon. AZ Shortice Type Certified Mail® Priority Mail Express® Registered Return Receipt for Merchandise Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 2970 0002 7939 6605
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CERTIFIED MAIL RECEPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com KEAPS CANYON AZ 86034 A Postage \$ \$0.49 Postage \$ \$ \$0.49 Postage \$ \$ \$0.49 Postage \$ \$ \$0.49 Postage \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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OFFICE OF THE SOLICITOR

Southwest Regional Office 505 Marquette Avenue NW Suite 1800 Albuquerque, NM 87102

July 23, 2015

RECEIVED AUG 07 2015

Via Certified Mail - Return Receipt Requested

Juliet Dixon c/o Forrest G. Buffington Barber & Borg, LLC P.O. Box 4690 Yatahey, NM 87375

Administrative determination denying tort claim of Juliet Dixon, individually and on Re: behalf of Davie Yellow, Vantie Yellow, and Jet Yellow, minor children, T-A-15-029

Dear Ms. Dixon:

CC:

By Standard Form 95 dated February 24, 2015, you filed an administrative tort claim against the United States through your attorney Forrest G. Buffington, individually and on behalf of Dante Yellow, Vonthe Yellow, and Jet Yellow, minor children. The Federal Tort Claims Act, codified as amended primarily at 28 U.S.C. §§ 2671-80 (2006), authorizes the administrative settlement of claims for money damages against the United States for injury or loss of property or personal injury or death caused by the negligent or wrongful act or omission of any employee of the agency while acting within the scope of his office or employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

You allege that you and the minor children sustained \$5,000,000 in wrongful death damages during an incident involving Navajo Nation law enforcement officers on January 14, 2014. After reviewing this claim and the investigative files, I hereby deny this claim. If you are dissatisfied with the determination of this claim, you may submit to this office a written request for reconsideration within six months after the date of mailing of this letter, or you may, within that same period of time, file suit in an appropriate United States District Court. The decision announced in this letter is final unless reconsideration is requested or suit is filed within the sixmonth period.

If you have any questions about this letter, please contact Michael Williams at (505) 988-6720.

Acting Regional Solicitor, Southwest Region

Harrison Nez, BIA Navajo Region, Safety Manager

